

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 56
Washburn, WI 54891
(715) 373-6138

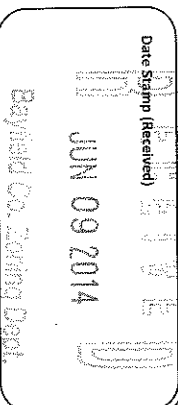
APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

ENTERED

Permit #:	15-0019
Date:	1-29-15
Amount Paid:	Exempt
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)



TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input checked="" type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: <u>Town of Grandview</u>	Mailing Address: <u>22010 Grandview Blvd. Grandview, WI 54839</u>	City/State/Zip: <u>715-763-3151</u>
Address of Property: <u>XXX Camp Eight Rd.</u>		City/State/Zip: <u>Grandview, WI 54839</u>
Contractor: <u>TBD</u>	Contractor Phone: <u>Plumber: -</u>	Plumber Phone: <u>-</u>
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>Jeff Christstad, State of Wisconsin</u>	Agent Phone: <u>608-366-2486</u>	Agent Mailing Address (include City/State/Zip): <u>PO Box 7912, Madison WI 53707</u>
PROJECT LOCATION: <u>SE 1/4, SW 1/4</u>	PIN: (23 digits) <u>04-081-2-45-06-35-204-00-1000</u>	Recorded Document: (i.e. Property Ownership) Volume <u>358</u> Page(s) <u>327</u>
Section <u>35</u> , Township <u>45</u> N, Range <u>6</u> W	Town of: <u>Grandview</u>	Subdivision: <u>-</u>
Distance Structure is from Shoreline: <u>1,000'</u>	Distance Structure is from Shoreline: <u>1,000'</u>	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Value at Time of Completion * include donated time & material <u>\$ 180,000</u>	Project (what are you applying for?)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water						
							<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
							<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
							<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (exists)	Specify Type: <u>-</u>	<input checked="" type="checkbox"/> Non
							<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or Vented (min 200 gallon)	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> Non
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None	<input type="checkbox"/> Non						
<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> Non						

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>-</u>	Width: <u>-</u>	Height: <u>-</u>
Proposed Construction:	Length: <u>-</u>	Width: <u>-</u>	Height: <u>-</u>

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
Residential Use	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	() X)	
Commercial Use	<input checked="" type="checkbox"/>	with a Porch	() X)	
Municipal Use	<input type="checkbox"/>	with (2 nd) Deck	() X)	
Accessory Building	<input type="checkbox"/>	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() X)	
Accessory Building Addition/Alteration	<input type="checkbox"/>	(specify) <u>-</u>	() X)	
Special Use: (explain) <u>Telecommunications Tower - Commercial</u>	<input type="checkbox"/>	Conditional Use: (explain) <u>350' self support tower w 13' x 24' shelter</u>	() X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Jeff Christstad
(if there are Multiple Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Jeff Christstad - State of Wisconsin, DOT/OSF
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit PO Box 7912, Madison WI 53707-7912

Copy of Tax Statement ✓
Attach
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

NEEDS FEE (1-29-15)

Date 6/5/2014
Date 6/5/2014

(Stamp Here)

Now: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	236 Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	303 Feet	Setback from the River, Stream, Creek	5609 Feet
		Setback from the Bank or Bluff	NA Feet
Setback from the North Lot Line	936 Feet		
Setback from the South Lot Line	336 Feet	Setback from Wetland	
Setback from the West Lot Line	534 Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	284 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	NA Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

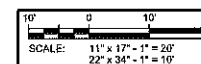
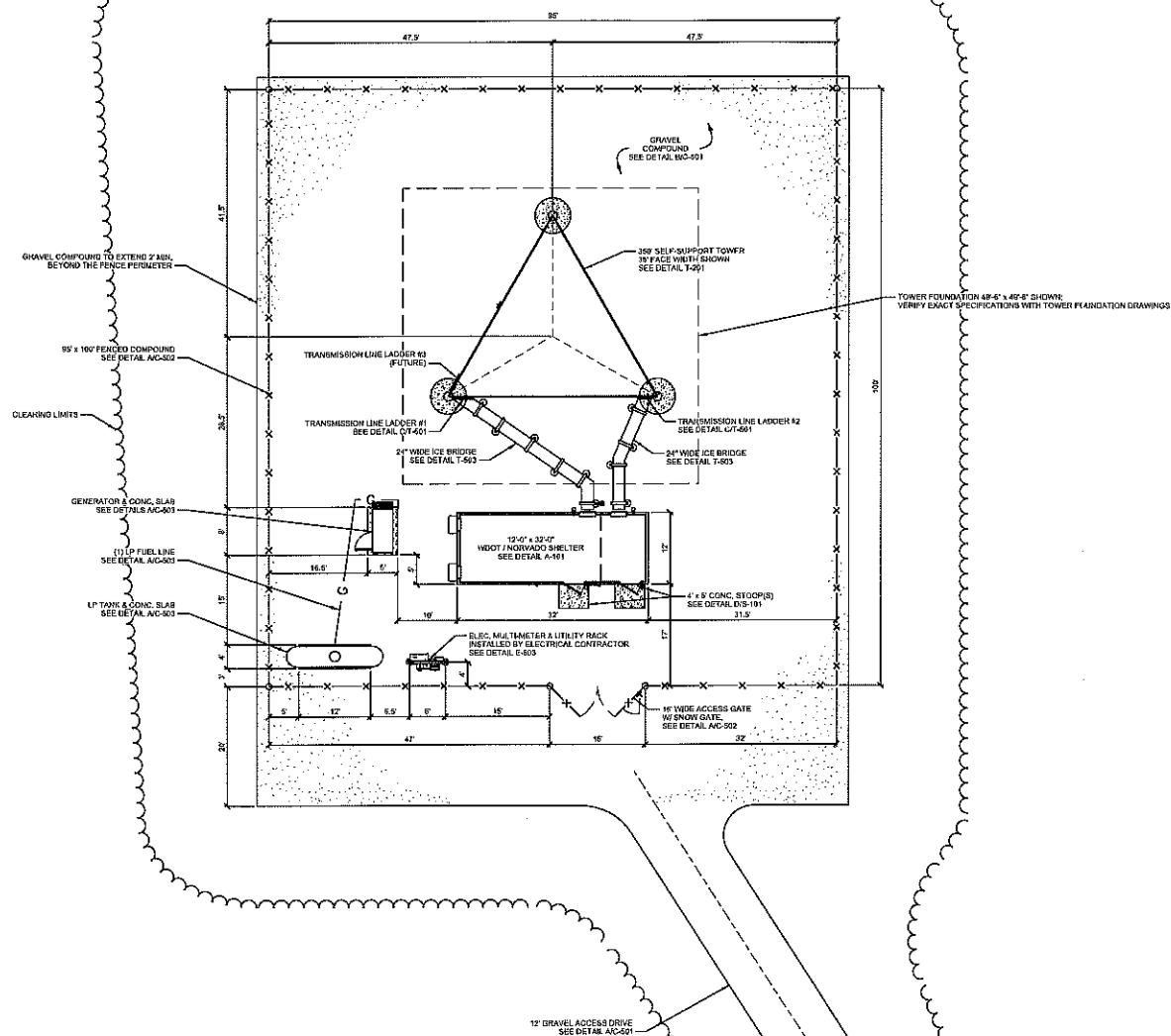
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 15-0019		Permit Date: 1-29-15		
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	
Inspection Record:		Zoning District (F1)		
Meets all setbacks.		Lakes Classification (3)		
Date of Inspection: 6-20-14		Inspected by: M. Fuchala		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)				
Signature of Inspector: Michael Fuchala				
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>
		Hold For Fees: <input type="checkbox"/>		
				Date of Approval: 6-20-14



Edge
Consulting Engineers, Inc.
624 W. State Street
P.O. Box 100, WI 53578
608.644.1499 ext. 200
608.644.1699 fax
www.edgeconsult.com

Consultant:

State of Wisconsin
Department of Administration
Division of Facilities Development



CAMP EIGHT ROAD
GRANDVIEW, WI 54839

PROJECT:
GAP FILLER COMMUNICATIONS TOWER
BAYFIELD COUNTY
DEPARTMENT OF TRANSPORTATION
GRANDVIEW, WISCONSIN

Sheet Title:
COMPOUND PLAN

Rev.	By	Date	Description
001	REV/14	010	DRAWINGS

Graphic Scale	SEE DRAWING
CD Number	12E1R
Set Type	CD
Date Issued	11/18/2014
Sheet Number	C-102

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